



Washington State Department of Agriculture

APPLICATION FOR AGENT'S LICENSE UNDER CHAPTER 20.01 RCW

License Fee: \$28.00

Year _____

CASHIER USE ONLY

OFFICE USE ONLY

ISSUED _____

LICENSE NO. _____

3103

Applicant (Name) _____ Telephone No. (____) _____

Applicant mailing address _____

SIGNATURE OF APPLICANT

DATE

This applicant is hereby authorized to receive, contract for, or solicit or negotiate the consignment or purchase of agricultural products on behalf of the licensee named below.

Name of Employer _____

Employer's Address _____

SIGNATURE OF EMPLOYER

DATE

INSTRUCTIONS

Make all checks payable to:
Department of Agriculture

MAIL APPLICATION AND LICENSE FEE TO:

Department of Agriculture
Agricultural Investigations
P.O. Box 42591
Olympia, WA 98504-2591
Phone: (360) 902-1854